



VA Special Fellowship in Advanced Psychiatry and Psychology

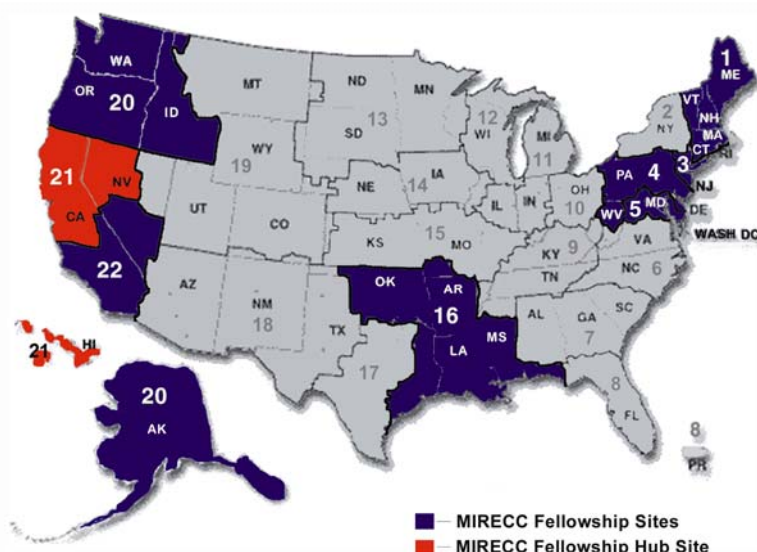
by Quinn Kennedy, Ph.D., and Ruth O'Hara, Ph.D.

The VA Special Fellowship in Advanced Psychiatry and Psychology completed its seminal year in the spring of 2002. Sponsored by the VA Office of Academic Affiliations, six VA MIRECC sites—West Haven, Philadelphia, Houston, Seattle, Palo Alto, and San Diego—participate in the program. The VA MIRECC Bronx and Baltimore sites will join the program in 2003. Each year, one psychiatry fellow and one psychology fellow are accepted at each site. The VISN 21 MIRECC serves as the national coordinating center for the program, co-directed by Jerome Yesavage, M.D., and Ruth O'Hara, Ph.D.

The primary goal of the fellowship program is to train psychiatrists and psychologists to become leading clinical researchers in high priority areas of mental health. Over the course of the two-year program, fellows are trained in academic and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The fellowship combines individual mentored research and clinical training with state-of-the-art educational experiences. A special emphasis of the fellowship program is to train fellows to conduct translational research that brings basic science to clinical practice. For example, fellows learn how genetic factors are linked to clinical outcomes and how innovative research methodologies yield more clinically relevant information.

One highly successful aspect of training has been the video conference seminar series. Each month a different expert presents the latest advances in conducting a particular aspect of clinical research. Seminar topics last year included VA career development, funding and resources, behavioral genetics, health informatics, and designing clinical trials of behavioral therapies. The upcoming 2002-2003 series also will feature seminars on funding mechanisms and career development awards by Barry Lebowitz, M.D., from the NIMH, and Molly Wagster, M.D., from the NIA.

For more information about the fellowship program, contact Quinn Kennedy, Ph.D., (quinnk@stanford.edu), Assistant Director, Fellowship Hub Site. ♦



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VISN 4 MIRECC Takes On Comorbidity

by Katy Ruckdeschel, Ph.D.

The VISN 4 MIRECC, operational since April 2000, is a collaboration between the Philadelphia VA Medical Center and the VA Pittsburgh Healthcare System, with support from the University of Pennsylvania and the University of Pittsburgh. Our MIRECC also serves the eight other medical centers in VISN 4. The VISN 4 MIRECC supports a program of research, education, and clinical innovation directed toward improving care for veterans with comorbid illnesses; that is, psychiatric illnesses coexisting with substance use and/or medical disorders. Among VA patients, comorbidity is the rule rather than the exception. Most patients have at least two, and often many more, psychiatric, medical, and substance use disorders.

Coexisting disorders complicate both the diagnosis and treatment of individual veterans and the design of programs and systems to serve their needs.

Our comorbidity theme is reflected in the "start-up" projects that launched our MIRECC. The Telephone Disease Management (TDM) for Depression and Problem Drinking project, co-led by David Oslin, M.D., in Philadelphia and Joseph Conigliaro, M.D., in Pittsburgh, demonstrated the feasibility of telephone screening of primary care and medical specialty patients to identify those with depression, anxiety disorders, and problem drinking. This project has screened over 1,000 veterans thus far and has demonstrated the value of TDM relative to usual care in treating medical patients with depression.

Additional start-up projects include the Quality of Care

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VISN 5 MIRECC: Caring for Veterans with Schizophrenia

by Alan S. Bellack, Ph.D., A.B.P.P.

The ultimate goal of the Capitol Health Care Network (VISN 5) MIRECC is to improve the care of veterans with schizophrenia within the VISN. Our MIRECC, funded in 2000, is based in Baltimore and involves an active collaboration between VA investigators and the University of Maryland School of Medicine, including the Maryland Psychiatric Research Center, the Center for Mental Health Services Research, and the Center for the Behavioral Treatment of Schizophrenia. We also have active research programs at the Perry Point campus of VA Maryland Health Care System and the Washington, DC VA Medical Center.

Our MIRECC focuses on six areas within the domain of schizophrenia: 1) substance abuse; 2) psychopharmacology (preclinical and clinical); 3) neuropsychological factors in



Veteran (left) uses learning software in Computer Assisted Cognitive Remediation Program

rehabilitation; 4) health behaviors; 5) women with schizophrenia; and 6) service delivery systems. In areas such as substance abuse and service delivery systems, our work extends beyond schizophrenia to the broader population of veterans with severe and persistent mental illness.

One of our major areas of emphasis is on remediation of cognitive impairment. Schizophrenia is characterized by profound and pervasive deficits in cognitive functioning. These deficits are independent of psychotic symptoms and play an important role in the difficulties patients have in adjusting to community life. For example, Jim Gold, Ph.D., has recently found that schizophrenia patients with good vocational outcomes differ on several neurocognitive measures from patients with poor vocational outcomes, especially in the area of processing speed. We have also found that cognitive deficits make it more difficult for patients who abuse drugs to reduce drug use.

Unfortunately, there are no established treatments for cognitive impairments. New generation antipsychotic medications have been shown to produce some improvement on neurocognitive tests, but the effects are not clinically significant. VISN 5 MIRECC scientists have taken a two-pronged approach to developing effective treatments for cognitive impairments. One strategy involves the use of adjunctive medications. Several new medications improve aspects of cognitive performance in other patient populations such as Alzheimer's disease, Parkinson's disease, and Attention Deficit Disorder. While these conditions have different etiology and pathophysiology than schizophrenia, there are interesting commonalities in the mechanisms that underlie cognitive dysfunction. Consequently, medications that improve cognition in these conditions might also improve cognition in schizophrenia. MIRECC researchers supported by grants from the Stanley Foundation and pharmaceutical companies are currently examining the cognitive effects of two very promising drugs: galantamine and atomoxetine.

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EDUCATION ACTIVITIES

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|---|--|
| NATIONAL MIRECC MEETING May 4-6, 2003 | Bringing Evidence-based Mental Health Treatment to Veterans in the Community Portland Marriott, Downtown Portland, OR Contact: Ruth.tsukuda@med.va.gov |
| VISN 3 Feb 5, 2003 10 AM—4 PM | Suicide Prevention and Assessment Contact: Bruce.Levine@med.va.gov |
| VISN 4 April 2003 | Treating the Aging Veteran: Advances in Integrated Care Philadelphia, PA Contact: Ruckdesc@mail.med.upenn.edu |
| VISN 5 December 2-3, 2002 | Schizophrenia and the Criminal Justice System Sheraton Baltimore North Hotel Towson, MD Contact: Erica.Chestnut@lrn.va.gov |
| VISN 16 January 16-17, 2003 | PTSD Conference: Living in the Age of Trauma New Orleans, LA Contact: Michael.Kauth@med.va.gov |
| VISN 20 2002-2003 | Bi-weekly videoconferences on mental health topics Contact: Shannon.squire@med.va.gov |
| VISN 21 March 13, 2003 | Translating Research into Practice: Sleep Research and Clinical Practice Contact: James.dandrea@med.va.gov |
| March 2003 | Primary Care and the Veteran with PTSD Palo Alto Healthcare System Contact: Robyn.walser@med.va.gov |
| VISN 22 Spring 2003 | Treatment and Rehabilitation of the Client with Psychosis: What's on the Horizon Location TBA Contact: Kathy.arndt@med.va.gov |
| Available 24/7 at www.mirecc.org | Online courses in Improving Functional Outcome, Comorbidity and Geropsychiatry Contact: Louise.mahoney@med.va.gov |

**VISN 5 MIRECC** (Continued from page 2)

We have also begun exploring psychosocial strategies to improve cognitive performance. Investigators have developed an innovative rehabilitation strategy that employs commercially produced educational software that veterans find engaging. Our approach is based on the hypothesis that guided rehearsal of cognitive strategies that reduce the effort required to perform tasks and improve patients' ability to focus can improve performance by increasing cognitive efficiency, rather than by increasing capacity per se. The intervention employs sophisticated learning techniques that minimize errors and frustration, provide ongoing support and positive reinforcement, and teach patients how to work in a more organized manner. We are currently pilot testing the intervention and have installed a computer laboratory in the Partial Hospital Program at Baltimore for use by veterans not participating in our studies. In addition, we have collaborated with MIRECC colleagues in VISNs 3 and 22 on an NIH grant application that will examine the effects of pharmacological supplementation and our cognitive remediation program, both independently and combined with one another.

Neuroimaging studies indicate that people with schizophrenia are often not *cognitively efficient* when they do neurocognitive tasks, even when their performance is not impaired. That is, they use different brain regions to solve problems than people without the illness. These findings have important implications for intervention studies: the relevant question is whether neurocognitive functioning can be *normalized* rather than simply *improved*. We are studying this issue by examining regional cerebral blood flow before and after a trial on our cognitive rehabilitation intervention and a medication (atomoxetine) that may increase patients' ability to benefit from the training. We hope to demonstrate that these interventions, in combination, can help normalize brain function.

It is too early to predict the outcome of our work, but we are optimistic that these efforts will substantially improve the ability of our veterans to lead productive lives. ♦

**VISN 4** (Continued from page 1)

of Diabetes in Serious Mental Illness study, led by Joel Streim, M.D., (Philadelphia) and Dr. Joseph Conigliaro. These investigators found that 13% of veterans with serious mental illnesses also had diabetes, and an additional 4% had diabetes that had not previously been diagnosed. Their findings indicate that the coexistence of diabetes with serious mental illness is a significant public health problem within the VA and an important focus for education and research. Cabrina Campbell, M.D., compared olanzapine and haloperidol for the treatment of veterans with schizophrenia and cocaine addiction and found suggestive evidence for less cocaine use and less craving among subjects randomized to haloperidol. Gerald Goldstein, Ph.D., investigated cognitive rehabilitation for veterans with schizophrenia and alcohol abuse. In addition, the MIRECC has established a

NATIONWIDE MIRECCs**VISN 1**

Bruce Rounsaville, M.D., Director (203) 932-5711 x7401
West Haven, Connecticut

<http://www.mirecc.org/other-mireccs/vsn1/vsn1.html>

Improve care for veterans with mental illness and substance dependence

VISN 3

Larry Siever, M.D., Director (718) 584-9000 x3704
Bronx, New York

<http://www.va.gov/visns/vsn03/mirecc.asp>

Investigate causes and treatments of serious mental illness

VISN 4

Ira Katz, M.D., Ph.D., Director (215) 349-8226
Philadelphia, Pennsylvania

<http://www.va.gov/visn4mirecc>

Advance care for veterans with concurrent physical, mental and/or substance use disorder

VISN 5

Alan S. Bellack, Ph.D., ABPP, Director (410) 605-7451
Baltimore, Maryland

<http://www.va.gov/visn5mirecc>

Improve care for veterans with schizophrenia and for their families

VISN 16

Greer Sullivan, M.D., M.S.P.H., Director (501) 257-1712
North Little Rock, Arkansas

<http://www.mirecc.org/other-mireccs/Visn16/visn-16.html>

Close the gap between mental health research and clinical practice

VISN 20

Murray A. Raskind, M.D., Director (206) 768-5375
Seattle, Washington

<http://www.mirecc.org/other-mireccs/Visn20/visn-20.html>

Investigate the genetics and neurobiology of schizophrenia, PTSD and dementia

VISN 21

Jerome Yesavage, M.D., Director (650) 852-3287
Palo Alto, California

<http://mirecc.stanford.edu>

MIRECC Fellowship Hub Site

Individualize treatments for veterans with PTSD or with Alzheimer's Disease

VISN 22

Stephen R. Marder, M.D., Director (310) 268-3647
Los Angeles, California

<http://www.mirecc.org>

Improve functional outcomes of veterans with psychotic disorders

Laboratory of Psychiatric Genetics, directed by Wade Berretini, M.D., Ph.D., and a Laboratory for Neuroimaging, directed by Anna Rose Childress, Ph.D., that serve as umbrellas for broad programs of comorbidity research.

To move beyond the start-up phase, our MIRECC created a Research Seed Funding Program that has funded ten pilot projects in the past two years. Some of these projects already have led to larger, externally funded studies. The MIRECC also instituted the Clinical/Educational Demonstration Project Small Grants Program to provide funding for clinical and educational projects that will develop new, innovative clinical and educational interventions, enhance current educational materials or programs that target veterans with comorbidity

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and/or their families, or improve the system of care delivery. To date 16 clinical/educational projects, representing 7 of the 10 medical centers in our VISN, have been funded.

Seeking to more directly impact clinical care, our MIRECC has initiated efforts to integrate behavioral health treatment into primary care practices across the VISN, develop a bipolar treatment clinic, and provide services for veterans with PTSD and substance use disorders. The latter effort has taken the form of educational and therapeutic groups utilizing the Seeking Safety treatment approach. We are collaborating with the VISN 21 MIRECC to evaluate this intervention.

A primary goal of our MIRECC is to educate professionals, veterans, and their families regarding comorbidity-related topics. Our educational efforts have included major conferences and workshops, seminars, videoconferences, newsletters, and a website (www.va.gov/visn4mirecc). Our first major educational initiative was a program on suicide prevention that began with conferences in Philadelphia and Pittsburgh and was followed by workshops at each of the ten medical centers in our VISN. The workshops allowed for practical, in-depth discussion of these issues. Across the VISN nearly 250 physicians, nurses, social workers, and psychologists participated in this program.

During its first year, our MIRECC also conducted a VISN-wide educational needs assessment of behavioral health staff that identified particular interest in the treatment of veterans with dual diagnoses and those with chronic pain. In response, our second year began with a full-day conference on substance abuse and dual disorders and concluded with a conference on managing chronic pain in patients with psychiatric comorbidities. Our most recent educational efforts include a workshop on developing treatment manuals and patient education materials, partnership with our local Parkinson's Disease Research, Education, and Clinical Center (PADRECC) to offer a conference on treating psychosis and Parkinsonism, two workshops on genetics for clinicians and non-genetics researchers, and a conference on trauma in communities that was presented in collaboration with MIRECCs in VISNs 3, 16, and 21.

Although the mission of the VISN 4 MIRECC is broad, our investigators, educators, and clinicians are focused in their commitment to improving the quality of care and quality of life of our veterans. In the coming year we plan to devote extra attention to bringing many research advances to clinical practice.♦

**Spring Issue will feature national MIRECC conference
May 4-6, 2003**



NATIONAL
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